

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: Russell David Waters

Serial No.: 10/070,272

Group No.: 3731

Filed: March 1, 2002

Examiner: Dawson, Glenn K.

For: APPARATUS FOR APPLYING SURGICAL FASTENERS

Docket No.: 16-124

MAIL STOP FEE AMENDMENT

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is a response to an Office communication for approval by the examiner for this application.

STATUS

2. Applicant is

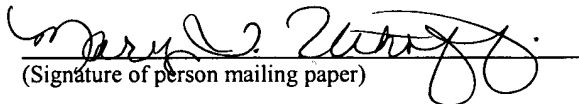
xx a small entity
_____ other than a small entity.

CERTIFICATE OF MAILING (37 CFR 1.8a)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: "Mail Stop Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450".

Mary T. Uthoff

Date: 09 June 2005


(Signature of person mailing paper)

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37CFR 1.136 apply.

(complete (a) or (b) as applicable)

(a) _____ Applicant petitions for an extension of time for the total number of months checked below:

	Extension (months)	Fee for other than <u>small entity</u>	Fee for <u>small entity</u>
_____	one month	\$ 110.00	\$ 55.00
_____	two months	410.00	205.00
_____	three months	930.00	465.00
_____	four months	1,450.00	7250.00

Fee \$ _____

If an additional extension of time is required please consider this a petition therefor.

(check and complete the next item, if applicable)

_____ An extension for _____ months has already been secured and the fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ _____

OR

(b) XXX Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims has been calculated as shown below:

(Col. 1)			(Col. 2)			(Col. 3)			Small Entity		Other than a Small Entity					
Claims Remaining After Amendment			Highest No. Previously Paid for			Present EXTRA			Rate		Addit. Fee		Rate		Addit. Fee	
TOTAL	12	MINUS	51	=	0	x	25 = \$			x	50 = \$					
INDEP.	4	MINUS	3	=	1	x	100 = \$			x	200 = \$					100.00
_____ First Presentation of Multiple Dep. Claim						x	180 = \$			x	360 = \$					
						Total	\$			or	Total	\$				

* If the Highest No. Previously Paid for in this space is less than 20, enter "20".

** If the Highest No. Previously Paid for in this space is less than 3, enter "3".

(c) _____ No additional fee is required

OR

(d) xx Total additional fee required \$ 100.00

FEE PAYMENT

5. XX Attached is a check in the sum of \$ 100.00
Charge Account No. 23-0630 in the sum of \$ _____

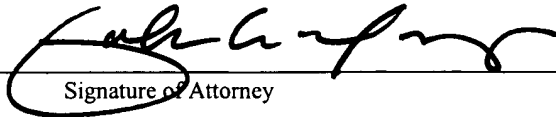
Fee Deficiency

6. XXX If any additional extension and/or fee is required, this is the request therefor and to charge Account No. 23-0630

And/Or

XXX If any additional fee for claims is required, charge Account No. 23-0630.

Reg. No.: 56,480



Signature of Attorney

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John A. Yirga

Type or Print Name of Attorney

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